911 3RD STREET WEST

ASHLAND 54806 Phone: (715) 68	82-8172	Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operated	ration: 365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/0	01): 113	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	150	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	96	Average Daily Census:	102

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	37. 5
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 0	Under 65	6.3	More Than 4 Years	21. 9
Day Services	No	Mental Illness (Org./Psy)	31. 3	65 - 74	7. 3		
Respite Care	Yes	Mental Illness (Other)	8. 3	75 - 84	36. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	1. 0	85 - 94	40.6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2. 1	95 & 0ver	9. 4	Full-Time Equivale	nt
Congregate Meals	Yes	Cancer	3. 1	İ	[Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	8. 3		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	14. 6	65 & 0ver	93. 8		
Transportation	No	Cerebrovascul ar	6. 3	[']		RNs	13. 3
Referral Service	No	Di abetes	1. 0	Sex	%	LPNs	8. 1
Other Services	No	Respi ratory	10. 4		j	Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	12. 5	Male	32. 3	Ai des, & Orderlies	36. 4
Mentally Ill	No			Femal e	67. 7		
Provi de Day Programming for			100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care		l	Managed Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	1	1. 4	105	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	1. 0
Skilled Care	8	100.0	250	58	79. 5	90	1	100. 0	110	13	100. 0	132	0	0.0	0	1	100.0	250	81	84. 4
Intermedi ate				14	19. 2	76	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	14	14. 6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	8	100.0		73	100. 0		1	100.0		13	100.0		0	0.0		1	100.0		96	100.0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period]	'					
		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	11.6	Daily Living (ADL)	Independent	One (Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	7. 3		67. 7	25. 0	96
Other Nursing Homes	5. 5	Dressi ng	17. 7		69. 8	12. 5	96
Acute Care Hospitals	77. 4	Transferring	40. 6		47. 9	11. 5	96
Psych. HospMR/DD Facilities	3. 4	Toilet Use	34. 4		49. 0	16. 7	96
Reĥabilitation Hospitals	0.0	Eating	63. 5		31. 3	5. 2	96
Other Locations	2. 1	*******************	******	******	******	*********	******
Total Number of Admissions	146	Conti nence		%	Special Treati	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	2. 1	Receiving Re	espi ratory Care	9. 4
Private Home/No Home Health	47.7	Occ/Freq. Incontinent		29. 2		racheostomy Care	1. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	11. 5	Receiving Su	ucti oni ng "	1. 0
Other Nursing Homes	15. 2	-			Receiving 0s	stomy Care	2. 1
Acute Care Hospitals	12.6	Mobility			Receiving To	ube Feedi ng	1. 0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	3. 1	Receiving M	echanically Altered Diets	35. 4
Reĥabilitation Hospitals	0.0	i i			· ·	· ·	
Other Locations	0.0	Skin Care			Other Residen	t Characteristics	
Deaths	24. 5	With Pressure Sores		6. 3	Have Advance	e Directives	82. 3
Total Number of Discharges		With Rashes		6. 3	Medi cati ons		
(Including Deaths)	151	ĺ			Receiving Pa	sychoactive Drugs	42. 7
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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

	Ownershi p:				Si ze:		ensure:			
	This Proprietary		100	- 199	Ski	lled	Al I	_		
	Facility	Peer	Peer Group		Group	Peer	Group	Facilities		
	% Ratio		%	Ratio	% Ratio		%	Rati o		
Occupancy Rate: Average Daily Census/Licensed Beds	68. 0	80. 3	0. 85	83. 5	0. 81	84. 4	0. 81	84. 6	0. 80	
Current Residents from In-County	68. 8	72. 7	0. 95	79. 2	0. 87	75. 4	0. 91	77. 0	0. 89	
Admissions from In-County, Still Residing	19. 2	18. 3	1. 05	22. 5	0. 85	22. 1	0. 87	20. 8	0. 92	
Admissions/Average Daily Census	143. 1	139. 0	1. 03	125. 7	1. 14	118. 1	1. 21	128. 9	1. 11	
Discharges/Average Daily Census	148. 0	139. 3	1.06	127. 5	1. 16	118. 3	1. 25	130. 0	1. 14	
Discharges To Private Residence/Average Daily Census	70. 6	58. 4	1. 21	51. 5	1. 37	46. 1	1. 53	52. 8	1. 34	
Residents Receiving Skilled Care	85. 4	91. 2	0. 94	91. 5	0. 93	91.6	0. 93	85. 3	1.00	
Residents Aged 65 and Older	93. 8	96. 0	0. 98	94. 7	0. 99	94. 2	1.00	87. 5	1. 07	
Title 19 (Medicaid) Funded Residents	76. 0	72. 1	1. 05	72. 2	1. 05	69. 7	1. 09	68. 7	1. 11	
Private Pay Funded Residents	13. 5	18. 5	0. 73	18. 6	0. 73	21. 2	0. 64	22. 0	0. 62	
Developmentally Disabled Residents	1. 0	1. 0	1. 05	0. 7	1. 45	0. 8	1. 32	7. 6	0. 14	
Mentally Ill Residents	39. 6	36. 3	1. 09	35. 8	1. 10	39. 5	1. 00	33. 8	1. 17	
General Medical Service Residents	12. 5	16. 8	0. 74	16. 9	0. 74	16. 2	0. 77	19. 4	0. 64	
Impaired ADL (Mean)	41. 0	46. 6	0. 88	48. 2	0. 85	48. 5	0. 85	49. 3	0. 83	
Psychological Problems	42. 7	47. 8	0. 89	48. 7	0. 88	50. 0	0. 85	51. 9	0. 82	
Nursing Care Required (Mean)	7.8	7. 1	1. 09	6. 9	1. 13	7. 0	1. 11	7. 3	1. 06	